

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90022 003 ****61.25

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DOCUMENT # 718261 1. Entity Name LAUDERDALE OAKS CONDOMINIUM 6, INC.					
Principal Place of Business 2881 N W 47 TERRACE MEETING ROOM LAUDERDALE LAKES, FL 33313 US			Mailing Address C/O CASTLE GROUP PO BOX 5559009 FORT LAUDERDALE, FL 33355 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2881 N.W. 47TH TERR. LAUDERDALE LAKES			
City & State FL - 33313 BROWARD		4. FEI Number NOT APPLICABLE			
Zip 33313		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, CAROLYN 2881 NW 47TH TERR LAUDERDALE LAKES, FL 33313			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Carolyn Brown</i></u> CAROLYN BROWN <u>7/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UGO CHIODO <input type="checkbox"/> Delete 2881 NW 47TH TERR LAUDERDALE LAKES, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JS JUAN JACQUES 2881 NW 47TH TERR. LAUDERDALE LAKES FL 33313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AUREORE, RACINE <input checked="" type="checkbox"/> Delete 2881 NORTH WEST 47TH TERRACE FORT LAUDERDALE, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALBIN, ANNABELLE <input type="checkbox"/> Delete 2881 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRACCIA, GIUSEPPE <input type="checkbox"/> Delete 2881 NW 47TH TERRACE LAUDERDALE LAKES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, DOMINICK <input type="checkbox"/> Delete 2881 NW 47TH TERR LAUDERDALE LAKES, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CAROLYN <input type="checkbox"/> Delete 2881 NW 47TH TERRACE LAUDERDALE LAKES, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Carolyn Brown</i></u> CAROLYN BROWN <u>7/10/06</u> <u>954-731-3313</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					